Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 10/24/2012 TN4706 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1758 HILLWOOD DRIVE ISLAND HOME PARK HEALTH AND REHAB KNOXVILLE, TN 37920 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 750 1200-8-6-.06(9)(b)3. Basic Services N 750 (9) Food and Dietetic Services. 11/15/12 N750 The Assistant Dietary Manager was (b) The nursing home must designate a person, successfully enrolled in the University of either directly or by contractual agreement, to North Dakota Dietary Managers Course on serve as the food and dietetic services director October 31, 2012 by the Administrator. with responsibility for the daily management of the dietary services. The food and dietetic The Board for Licensing Health Care services director shall be: Facilities was petitioned for a waiver on October 26, 2012 for the Assistant Dietary 3. A graduate of a state-approved course that Manager while she is taking her Dietary provided ninety (90) or more hours of classroom Managers Course with the University of instruction in food service supervision and who North Dakota. This waiver request will be has experience as a food service supervisor in a heard at the next meeting of the Board for health care institution with consultation from a Licensing Health Care Facilities on January qualified dietitian. 16-17, 2013. This Rule is not met as evidenced by: Based on review of personnel files and interview, the facility failed to ensure the Food Services Director was a qualified dietitian, or a graduate of a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association; or, a graduate of a state-approved course that provided ninety or more hours of classroom instruction in food service supervision. The findings included: Review of the Dietary Manager and the Assistant Dietary Manager's personnel files revealed no documentation the Dietary Manager or the Assistant Dietary Manager were qualified dietitians, or graduates of a dietetic technician or dietetic assistant training program, approved by the American Dietetic Association; or, a graduates of a state-approved course that

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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11/6/12

(X6) DATE

If continuation sheet 1 of 3

FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATÉ SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN4706 10/24/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1758 HILLWOOD DRIVE ISLAND HOME PARK HEALTH AND REHAB KNOXVILLE, TN 37920 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 750 Continued From page 1 N 750 provided ninety or more hours of classroom instruction in food service supervision. Interview on October 24, 2012, at 10:30 a.m., with the Administrator, in the physician's office, confirmed the Dietary Manager or the Assistant Dietary Manager did not have the appropriate training.

Division of Health Care Facilities

STATE FORM

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If continuation sheet 2 of 2